

PATIENT DISCLAIMER FORM

Release, Waiver and Authorization for Release of Confidential Information Release and Waiver of Claims for Damages

Read this carefully. You are surrendering your rights.

Please print legibly.

I,	(Patient), in consideration of the free dental
work to be performed fo	r and upon me and my desire to assist candidates for the dental hygiene licensure
examination ("Exam"), o	do hereby (1) allow candidates for said Exam to perform dental screening and/or
dental and dental related	procedures and (2) specifically release the state of Nevada, the Nevada State
Board of Dental Examin	ers, the entities which develop or administer the Exam, and the University of
Nevada Las Vegas(UNL	V) School of Dental Medicine, and all their employees, agents, volunteers, or
monitors of said entities,	from any claims, damages, actions or causes of action which the undersigned
now has or may have, w	hether or not now known or anticipated, arising out of or to arise out of, or
connected with directly	or indirectly the screening of patients, and the dental and related procedures to be
performed upon me duri	ng the clinical examination at the UNLV School of Dental Medicine.
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I am aware that the candidates who will perform dental work for and upon me are not presently licensed to practice dental hygiene in the State of Nevada and that, therefore, the Board of Dental Examiners has not yet made a determination as to whether the candidates possesses the requisite education, training, competence, and skill of a duly licensed dental hygienist in the State of Nevada. I agree that no representation nor warranties have been made by the State of Nevada, the Nevada State Board of Dental Examiners, the entities which develop or administer the Exam, or the UNLV School of Dental Medicine, or their employees, agents volunteers, or monitors, regarding the character, competency or professional skill possessed by the candidates to perform any or all of the dental operations or procedures to which I am voluntarily submitting.

With full knowledge and understanding of the above and the consequent risks of accident, injuries or damage, I hereby release the State of Nevada, the Nevada State Board of Dental Examiners, the entities which develop or administer the Exam, the University of Nevada Las Vegas School of Dental Medicine and their employees, agents, volunteers, and monitors from the responsibility or liability for accidents, injuries, or damages I may suffer as a result of my participation in said screening and/or clinical examination.

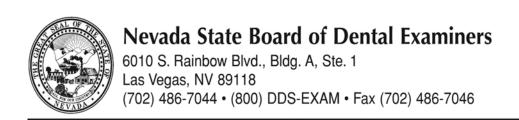
Furthermore, I authorize	(Candidate) to release any
and all of my records, reports, information, including	dental radiographs, and any other information that
he/she may possess to the State of Nevada and the Ne	evada State Board of Dental Examiners. I further
authorize the State of Nevada and the Nevada State B	soard of Dental Examiners to release, if necessary,

such	information to	o any an	ıd all a _l	ppropriate	entities	including,	but not	limited to,	the	entities	which
deve	lop or adminis	ster the I	Exam.								

The nature and effect of the procedure(s) to be performed and the risks involved have been
explained to me. I understand that additional treatment related to services rendered during this
examination may be required.

DATED at Las Vegas, Nevada,	, 20
Patient's Signature	Witness's Signature
Patient's Address	Witness's Address

Note: The witness may be anyone besides the candidate. The patient waiver form may be submitted at candidate check-in and orientation otherwise turned in when the candidate initially presents patient for a start check during the examination along with the other required paperwork.



CANDIDATE DISCLAIMER FORM

Release and Indemnity Agreement

Read this carefully. You are surrendering your rights and assuming obligations.

Please print legibly.

I,	e and discharge the University of da, the Nevada State Board of Dental ion, and its employees, agents, aims in any way arising from any and all received while at the University of
In further considerations of the provision of a location in hold harmless and indemnify the University of Nevada Las Vega of Nevada, the Nevada State Board of Dental Examiners the entitexamination, and its employees, agents, volunteers, and monitors, and all expense arising because of any claim which may hereafter damage or personal injury as a result of my participation in said expense.	as School of Dental Medicine, the State ies which develop or administer the military or civilian, of and from any be presented by anyone for loss and
I declare that I fully understand the terms of this release a	and indemnity agreement.
DATED at Las Vegas, Nevada,	
Candidate's Signature	Witness's Signature
Candidate's Address	Witness's Address

Note: The candidate disclaimer form must be submitted at candidate check-in and Orientation.